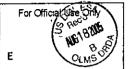
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

	- ,		
1 File Number U - 9760.	2 Fiscal Year Covered From		
natur filed before	[[/[]/2004] Through [[2/31/2004		
3 Name and address of person filing	4 Name, file number, and address of labor organization		
Name BEVERLY & MILLER	Name UNITED SCANIC ACTISB IC USA 829		
	Labor Organization File Number 016.022		
PO Box, Bidg , Room No , if any	PO Box, Building and Room Number, if any		
Street 12 AUDINE PARK	Street 29 WEST 3814 ST 1519 FLOOR		
City NAACK	City New York		
State N 9 ZIP Code + 4 10960	State New York ZIP Code + 4 10018		
5 Position in labor organization PRESIDENT NATIONAL	EVEZ BO, BUSINESS REP		
A Hold on interest in engaged in transactions (including loans) with of	derived income or other economic benefit of		
monetary value from an employer whose employees your organizat	7 a Nature of Interest, Transaction, or Income		
6 Name and address of Employer (including trade name, if any) Name LEAGUE OF AMERICAN THEATRES	AM ELIGIBLE TO VOTE ON ANTOINETTE PERRY AMIAROS, IN PROBR TO DOSO I REZIEVE		
Trade Name, if any	TONY WOTER TICKETS' TO PERFORMANCES OF TONY ELIGIBLE' SHOWS ON BONAY. THESE SHOWS		
P O Box, Bldg , Room No , if any	ARE COVERED BY CONTRACTS HELD BY THIS LOCAL UNI		
Street 226 WBT 475 Street			
City NY	NO STATED PACE VALUE ON TICKET,		
State XX ZIP Code + 4 : 10036			
Sig	nature		
15 Signature and verification. The undersigned declares, under penalty of	of Perjury and other applicable penalties of the law, that all of the information mying documents), has been examined by the signatory and is, to the best of the		
submitted in this report (including the information contained in any accompan	syling documents), has been examined by the signatory and to the best of the		

undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Telephone Number

Name of Person, Filing BAIRLY & MULER		File Number U-	
B Held an interest in or derived income or economic benefit with monetary valisubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	\$	
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name	a Labor Organization b Trust c Employer		
Trade Name, if any			
PO Box, Bidg, Room No, if any			
Street			
City State ZIP Code + 4			1
The second of th			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name [•		
Trade Name, If any	1		3 8 1
PO Box, Bidg , Room No , if any			ak as year
Street	11 b Approximate dollar valu	te of such dealing	AND THE REAL PROPERTY WHEN THE PROPERTY CONTRACTOR AND
City	12 a Nature of interest held or income received		
State ZIP Code + 4			¥
	i		\$1.00 m
			7 · ·
	1		· ·
	pagagar paraga annahalalakondoralasan, arrya sarrabilan hit baar sar dana manaha	the second control of	And any of Appendix to the second of the sec
	12 b Amount		the control of the second paragraph of the control of the second of the
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	and affirm, we apply the field the control of the Principles of the Control of th	T
Name :	}		
Trade Name, If any			
PO Box, Bidg , Room No , If any	i r		
Street	1		
City	,		

14 b Amount of payment

or Consultant

13 b is the Business an Employer

State